

	OREA USE ONLY TYPE REMIT
lic reexam	□ cc □ pc
c. reexam	□ mo □ bc
	□ po

REQUEST FOR RE-EXAMINATION

1. Level	for Which you Appl	ied (M	ark one box only)					
Tra	ainee License		Residential License	Certified Resid	ential	Certified C	General	
2. Name	e					_		
Last				First		Middle		
3. Date of Birth			4. Social Security Number					
5. Mail	ling Address		Check if chan	ge of mailing address	3			
Number,	Street and Suite Number							
City				State		Zip Code		
6. Business Telephone Number				7. Home T	7. Home Telephone Number			
()			())			
			OFFICE OF REAL ES 1102 Q Street, Sacramento,	Suite 4100				
SIGNATURE:					DATE:			
NOTE	:							
•	The examination must	st be su	ccessfully completed within of	one year of the date o	of issuance of th	e original admit	letter.	
•			is mandatory. OREA cannot on (Business and Professions			rity number issue	ed by the U.S.	
•	Fees cannot be refund	ded. B	y statute, all fees submitted an	re deemed earned upo	on receipt.			
						Comments:		
		_		A USE ONLY				
Add Chnge: Orig Sig:		Prev tin Eligible	nes tested:		j	By:	Date:	

REA 3007 (Revised 5/8/00)